

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of New Mexico

ROWENA TACHIAS and  
MONIQUE DERETA,

*Plaintiff(s)*

v.

LOS LUNAS SCHOOLS BOARD OF EDUCATION,  
BRYAN SMITH, ELOY GIRON, STEVEN OTERO,  
FRANK OTERO, P. DAVID VICKERS, DANA  
SANDERS,

*Defendant(s)*

Civil Action No. 1:21-cv-00085-LF-KRS

ALIAS SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Dana Sanders  
70 Shawn Ct SW  
Los Lunas, NM 87031

A lawsuit has been filed against you.

Within 21 days after service of this alias summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Leon Howard, III, American Civil Liberties Union of New Mexico Foundation  
P.O. Box 566, Albuquerque, NM 87103; (505) 266-5915  
lhoward@aclu-nm.org  
Matthew M. Beck, Peifer, Hanson, Mullins & Baker, P.A.  
P.O. Box 25245, Albuquerque, NM 87125; (505) 247-4800  
mbeck@peiferlaw.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: Tuesday, February 16, 2021

CLERK OF COURT

Denisse Rincon

*Signature of Clerk or Deputy Clerk*



Civil Action No. 1:21-cv-00085-LF-KRS

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Defendant Dana Sanders  
 was received by me on *(date)* February 16, 2021 .

☒ I personally served the summons on the individual at *(place)* 70 Shawn Ct. SW Los Lunas, NM 87031  
 on *(date)* February 20, 2021 ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_ ; or

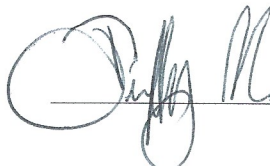
☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: March 9, 2021



*Server's signature*

Tiffany McCree, Senior Paralegal

*Printed name and title*

ACLU-NM  
P.O. Box 566  
Albuquerque, NM 87103

*Server's address*

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p><b>X</b> <i>[Signature]</i> <i>4/8</i></p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Dana Sanders 70 Shawn Ct SW Los Lunas, NM 87031</p>		<p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p>	<p>C. Date of Delivery</p> <p><i>2/10</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 0910 0000 9642 1039</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9402 5804 0034 0796 91</p>		<p>Domestic Return Receipt</p>	